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THE HARRISON ANTINARCOTIC LAW.

THE LAW HELD TO BE CONSTITUTIONAL AND AN INDICTMENT UNDER SECTION 2 SUSTAINED.

At page 193 of this issue of the Public Health Reports appears an opinion of the United States District Court for the Northern District of Ohio, in which the court decides that the Harrison Antinarcotic Act is constitutional. In discussing the scope of the law, Judge Killits, in the opinion, says: "We are not content to hold that the only ground upon which the constitutionality of this act can be sustained is that it is designed to protect the revenues of the United States. The indiscriminate and unrestrained use of opium, coca, and their derivatives is well known to be a great evil, gravely affecting the general welfare of the country. These are exclusively foreign products, and it is entirely within the power of Congress, in the interest of the general welfare, to exclude their importation entirely, or to so regulate the traffic in them in this country that their importation may be traced."

THE ENFORCEMENT OF BIRTH REGISTRATION.

EFFECT OF THE ESTABLISHMENT OF A REGISTRATION AREA FOR BIRTHS UPON THE ATTITUDE OF STATES TOWARD ENFORCEMENT OF REGISTRATION LAWS.

The Bureau of the Census has established a temporary registration area for births for the year 1915, consisting of the States of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, Michigan, and Minnesota, and the District of Columbia. A permanent registration area for the year 1916 will be defined. The laudable desire of States to be included in this registration area will undoubtedly bring about radical changes in the attitude of State authorities toward the enforcement of the registration laws relating to births. Apparently one of the earliest evidences of this is the action taken in New York State, where State Commissioner of Health Hermann M. Biggs, an acknowledged leader in public-health thought and administration, has issued instruc-

tions that every discovered violation of the law relating to the registration of births and deaths be reported to the district attorney having jurisdiction for prosecution. The effect which this will have upon registration will depend in considerable measure upon the methods followed to ascertain when violations of the law occur. In birth registration a certificate that is filed after the expiration of the time legally allowed is in itself an evidence of violation. When no birth certificate at all is filed, there is usually no evidence of violation, unless special means are taken to find such instances.

The result of the instructions issued by the commissioner of health of New York State as to the enforcement of the registration law should, however, in any case, bring about a great improvement in the birth registration.

In New York City, which has a population approximately equal to that of the rest of the State, birth registration has been found, by checks applied by the city department of health, to show a percentage of completeness in the several boroughs as follows: Borough of Manhattan, 99.4 per cent; The Bronx, 100 per cent; Brooklyn, 96 per cent; borough of Queens, 95 per cent; and the borough of Richmond, 94 per cent; the average for the entire city being 98 per cent. The excellent results obtained have undoubtedly been due to the attention given to the enforcement of birth registration by the city department of health. The fact that during the last five years the department has instituted several hundred prosecutions where violations of the registration requirements were found, has undoubtedly had a material effect in perfecting the city's registration of births. The registration of births in the city of New York has apparently reached a higher percentage of completeness than has the registration of deaths in some parts of the registration area for deaths. This shows what can be accomplished in birth registration under intelligent and persevering enforcement.

In common with the practice of a number of registration offices, the registrar's office of New York City checks all registered deaths of infants under 1 year of age with the birth records to ascertain whether the children's births had previously been recorded. This procedure has been followed in New York City since 1910. During the calendar year 1915, with the city's more than 5,000,000 population and over 100,000 births, there were less than 20 instances found where the births of such infants had not previously been registered, and these were mostly cases where the child had lived but a very brief period, a few minutes, hours, or days.

In this connection, the method employed by the New York City Department of Health to ascertain the degree of completeness of its birth registration is of interest. The health department nurses for a period of time made it a routine practice to take a census of

all the babies in the houses visited by them in their regular work. Similar records regarding babies were obtained from the 59 milk stations for babies in the city. The combined records were checked against the birth registration records to ascertain the percentage of births which had been properly recorded.

PLASMODIUM MALARIÆ (QUARTAN).

REPORT OF TWO CASES IN CALIFORNIA.

By J. C. GEIGER, M. D., Assistant Director, and F. L. KELLY, M. D., Bacteriologist, of the Bureau of Communicable Diseases of the California State Board of Health, Berkeley.

While carrying out a plan for investigation of malarial conditions in the Sacramento Valley the attention of the writers was called by Dr. B. F. Saylor, of Redding, to a case of malarial fever in one of his patients. From Dr. Saylor's patient we learned of another case showing similar symptoms.

Case No. 1.—This patient has had many attacks of malaria on the same ranch but not within the last 10 years and, quoting from her remarks, "not in the same form as the attacks last summer." From the history, this patient undoubtedly received the infection some time in the spring of 1915. The paroxysms were at first very severe; they became less as the disease continued. Coincident with this decrease of the paroxysms, the general malaise progressed steadily until she was in an extremely weakened condition. The paroxysms came on the morning of every third day, with an interval of two days between attacks. In October, 1915, she was again ill with typical malarial symptoms for two weeks before a physician was called. Her chills came on in the morning of the third day and lasted about half an hour, with a temperature of 103°.

Case No. 2.—This patient received his infection in the spring of 1914 and carried it over the winter months. When seen in October, 1915, the patient was not having severe paroxysms. While he did not always have a distinct chill followed by fever, he had an attack every third day, ranging in severity from a slight chilliness and headache to a paroxysm of the regular type, with temperature. The atypical type of paroxysm was probably due to the fact that he was taking at the time more or less quinine in the form of patent medicines.

Laboratory Examinations.

Blood smears were taken from both patients, and stained with Wright's stain. Slides from both cases showed, on microscopical examination, plasmodia easily demonstrated as quartan. The pigment was in large blocks arranged along the line of division between